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UNESCO/SS/CONF.URB/N/4
ECAFE/URB/4
25 July 1956

ORIGINAL : ENGLISH

UNITED NATIONS EDUCATIONAL,
SCIENTIFIC AND CULTURAL ORGANIZATION

JOINT UN/UNESCO SEMINAR ON URBANIZATION IN THE ECAFE REGION

Jointly sponsored by the United Nations Educational, Scientific and Cultural Organization, the United Nations Bureau of Social Affairs and the Secretariat of the United Nations Economic Commission for Asia and the Far East, in co-operation with the International Labour Office

8-18 August 1956
Bangkok, Thailand

SOCIAL SECURITY IN AUSTRALIA

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The term "Social Security" is so commonly used today and the idea it connotes is so frequently discussed in almost every country of the world that one might be misled into thinking of it as a new conception. As an object security is not new but new and different methods have been developing in many countries to achieve it.

Social security has been, and to some extent, always will be, achieved through the inter-dependence of families. The complex nature of great modern communities and of organized industry has, however, made this simple family and neighbourly method of achieving security less real and less effective. As a result it has been increasingly realized that wider and larger organizations

/must make

must make provision for social security and that in many cases government authorities must assume final responsibility for treating certain social ills such as poverty, invalidity and unemployment.

The customary practice in Australia as in many other countries is for individuals to provide for the needs of themselves and their families as far as possible by engaging in some form of work in return for which they receive a wage, salary or other income.

Certain needs common to all families and the needs of families during periods of adversity have, however, come to be accepted wholly or partly as the responsibility of the Commonwealth Government. The government has also accepted responsibility for giving special assistance to the family with expenses associated with maternity and the growth and development of children.

Social Service Benefits

A scheme of benefits administered by the Commonwealth Department of Social Services provides for the needs of citizens during major periods of adversity and this is the basic social security service in Australia. The following benefits are provided to persons experiencing interruption to or cessation of normal income:

Unemployment benefit
Sickness benefit
Invalid pension
Widows' pension
Age pension
Special benefit

A number of benefits and services of a social security nature are administered by the Commonwealth Department of Health. These include hospital, medical and pharmaceutical benefits, tuberculosis allowances and a pensioner medical service.

Unemployment and Sickness Benefits are paid to individuals who through unemployment, sickness or accident, suffer temporary loss of their regular earnings.

/Age pensions

Age pensions provide for the security of men over 65 years of age and women over 60 years and invalid pensions are available to men and women permanently incapacitated for work or permanently blind.

Women with limited resources whose husbands are dead, confined to mental hospitals or gaols or have deserted or divorced them, are assisted through a widows' pension scheme with the economic responsibilities of rearing children and providing for themselves. This scheme makes provision for long-term assistance to women with children and more restricted help to women without children for a limited period of adjustment following the death of their husband and where they are over 50 years of age. The maximum amount of benefit is higher in the case of women with children.

Special benefits are available to people not eligible to receive any other Commonwealth benefit but who by reason of age, physical or mental disability or domestic circumstance are unable to earn a sufficient livelihood for themselves and their dependants.

These social security benefits are designed to assist those in need. They are, therefore, subject to an income test, and in some cases to a property test. In addition residence tests of varying lengths are applied although in the case of the shorter term unemployment and sickness benefit the necessity to satisfy such tests may be waived.

Although Australian citizens contribute towards the cost of their social security by means of an Income Tax and Social Services Contribution, no record is kept of these, nor are they taken into account for the purpose of assessing and paying benefits. The provision of social service benefits is authorized by the Social Services Act 1947-54, which sets out the conditions of eligibility, rates and other details concerning benefits.

Prior to June 1947, these various social services were covered by many different Acts. With the passage of time, however, certain portions of the existing legislation had become obsolete whilst differing provisions in sections of a somewhat similar character in the Acts relating to the various benefits had produced confusion and anomalies. For these reasons the Australian Parliament passed the Social Services Act which aimed to eliminate obsolete sections, remove anomalies, amalgamate certain sections of the administration and modernize the legislation generally.

/Medical Care

Medical Care

Under a scheme of hospital benefits assistance is available towards the cost of hospitalization. A fixed amount per day is available to all persons in approved hospitals and an additional amount is available to all such persons who are members of registered hospital benefit organizations which provide certain minimum benefits.

A scheme of medical benefits ensures that everyone in Australia who makes provision through insurance is able to cover the major cost of all surgical and medical attention when required. Commonwealth Government assistance takes the form of subsidies for the cost of medical treatment incurred by individual members of approved medical insurance organizations and their dependants.

The scheme broadly provides that a government subsidy plus the payment from the organization should cover the major portion of the doctor's charge. The amount of the subsidy varies in relation to the nature of the medical service. The government subsidies are paid through approved voluntary medical insurance organizations.

All Australians are eligible to receive without charge a wide range of specified life-saving and disease-preventing drugs if these are prescribed by a medical practitioner. There is no means or residence test for these benefits.

Tuberculosis allowances are provided for sufferers from tuberculosis and their dependants with the object of encouraging sufferers to refrain from working and to undergo treatment, thus minimizing the spread of tuberculosis and promoting the better treatment of the disease. There is a means test as to income but not as to property and rates of allowance vary according to dependants, and in some cases according to place of treatment.

Medical attention by a general practitioner and medicines are available free of charge to age, invalid, widow and service pensioners and persons in receipt of an allowance under the Commonwealth Tuberculosis Act and their dependent wives and children. The administration of the Pensioner Medical Service is the responsibility of the Commonwealth Department of Health. Pensioners may consult any doctor who has enrolled in the Service. The majority of general practitioners are participating.

/In addition

In addition to the benefits available to all under the Commonwealth Pharmaceutical Benefits Act, pensioners are eligible to receive special pharmaceutical benefits upon presentation to a chemist or dispensary of a doctor's prescription and an entitlement card. The scope of these benefits is very comprehensive and it includes, in addition to a list drawn up by a special committee, practically all drugs contained in the British Pharmacopoeia.

Rehabilitation Service

A scheme for the rehabilitation of physically handicapped persons forms an integral part of the services of the Australian Department of Social Services.

This scheme is aimed at providing assistance to disabled people to enable them to enter or resume suitable employment. Persons eligible to be selected under the scheme are invalid pensioners, unemployment and sickness beneficiaries and recipients of tuberculosis allowances. Duration and extent of disability and likelihood of a person's engaging in a suitable occupation within a period of three years after commencement of treatment and training are determining factors in selection of persons for rehabilitation.

Treatment under the scheme includes medical, dental, psychiatric and hospital treatment (in-patient and out-patient). Physical training and exercises, physiotherapy, occupational therapy and other miscellaneous treatments under medical supervision are provided in residential and day-attendance centres. These centres are intended to provide after-care and physical conditioning, including pre-vocational training, to those whose treatment at home or in hospital has been completed but who are not yet fit to enter employment. They aim also at re-establishing and strengthening the confidence of the disabled person in his ability to take his place with his fellows in employment.

Training offers professional or vocational opportunities. It may be by way of full- or part-time class attendance or correspondence instruction and it may be undertaken in governmental or commercial educational establishments or in certain cases "on the job" in industrial concerns.

/Joint Parliamentary

Joint Parliamentary Committee

A valuable contribution was made to the development of Australian social security by the Joint Parliamentary Committee on Social Security which was appointed in July 1941. This Committee was required to "inquire into and from time to time, report upon ways and means of improving social and living conditions in Australia and of rectifying anomalies in existing legislation".

The Committee issued nine reports covering a wide variety of social welfare matters, including social security. In the course of the work it collected evidence and considered projects in all States of the Australian Commonwealth; it informed itself of practices and trends in social legislation overseas, particularly in New Zealand and the United States. Among the matters related to social security with which it dealt were widows' and orphan pensions, unemployment insurance, contributory pensions and health and medical services. Many of the Committee's recommendations were adopted and have become integral parts of the Australian Social Security Scheme.

Social Work and Research

Amongst the recommendations of the Committee was the establishment of research facilities and employment of trained social workers within the Commonwealth Department of Social Services. Accordingly in 1944 steps were taken to establish social work and social research within the Department. At the present time a staff of some thirty-five professional social workers is employed to provide a case work service to those Departmental beneficiaries requiring it. A team of research officers not only provides up-to-date information about social welfare services both in Australia and overseas but undertakes social research related to the work of the Department.

Reciprocal Arrangements

A feature of social security in many parts of the world over the past decade has been the growth of provisions to preserve the right to social security of persons changing their country of residence. Post-war immigration schemes and the number of Australians travelling abroad have led the Australian Government also to make certain provision in its social security scheme.

/In 1947

In 1947 and 1948 amendments to the social services acts provided that the residence requirement for short-term benefits might be waived provided there was reasonable assurance that the beneficiary intended to reside permanently in Australia and modifications of a similar character were made with regard to the residence requirements for child endowment and maternity allowances.

Action was also taken by the Australian Government to assist newcomers to Australia and to help Australians travelling overseas through the conclusion of reciprocity agreements with both the United Kingdom and New Zealand. As early as 1943 the Australian and New Zealand Governments concluded a reciprocity agreement relating to age and invalid pensions and this was greatly extended in 1949. Under the present Agreement residence in one country now counts as residence in the other. The Agreement covers all Australian benefits except maternity allowances and special benefits and makes special provision for temporary and permanent changes of residence.

The conclusion of a reciprocity agreement with the United Kingdom in June 1953 brought to fruition endeavour over a long period by the Australian Government to assist the large number of British citizens taking up residence in Australia and recipients of Australian benefits who wished to travel abroad.

Under the Agreement, which commenced to operate in January 1954, former residents of the United Kingdom living in Australia and receiving United Kingdom retirement or contributory old age pensions are entitled in most cases, subject to a means test and other conditions of a non-residence nature, to have their United Kingdom pensions supplemented by an Australian pension to bring the total up to the current pension rate for Australian citizens. Similar principles apply to other benefits.

In return the United Kingdom grants insurance credits, based on residence in Australia to Australians who decide to live permanently in the United Kingdom. Provision has also been made to enable Australian age, invalid and widow pensioners and recipients of child endowment to receive these benefits if they are temporarily in the United Kingdom.

/Development of

Development of the Australian Social Security Scheme

The present provisions for social security in Australia cover the major needs of citizens, especially when taken in conjunction with the services of State Government and voluntary organizations. It is of interest to note that these services represent the culmination of some fifty years of experiment and development.

The conception of statutory responsibility for social security began early in Australia's history. Historians have noted that from the first colonization there has always been a tendency, stemming perhaps from the peculiar difficulties of settling such a vast and inhospitable country, to look to "the government" to provide what individuals are unable to provide for themselves.

In the late nineteenth century the governments of some of the Australian States enacted the first real social security provisions. At this point Australian statutory social security may be said to have begun. These initial efforts were confined to schemes of assistance for needy old people and invalids, and of course the details of the benefits varied from State to State.

The Australian States were federated in 1901, and under the constitution of the new Commonwealth of Australia certain strictly defined powers were vested in the Commonwealth, the residue remaining with the States. Thus the States are still responsible for certain social security matters today despite the increasing extent of Commonwealth activity particularly since 1941. Under the Constitution specific federal powers in the social security field were confined to invalid and old age pensions, although a further power to grant financial assistance to any State on prescribed conditions are given, which has largely been used in the field of public health.

The third period, which began in 1941, has been a rapid growth of social services. Child endowment was introduced in 1941, and this was followed in 1942 by widows' pensions. The form of the maternity allowance was altered in 1943, and in 1944 an Unemployment and Sickness Benefits was passed. Hospital benefits and pharmaceutical benefits were also provided for as was assistance in the campaign against tuberculosis. Although the period since

/1941 has seen

1941 has been such a rapid expansion of Commonwealth social services the validity of some of these services was open to serious doubt, for the expansion had taken place only on the basis of the emergency wartime powers of the Commonwealth. In 1946, the government held a referendum to alter the constitution so as to allow the Commonwealth to legislate in the whole of the social service field. This referendum was carried and the constitution amended to provide that the federal parliament might legislate for "the provision of maternity allowances, widows' pensions, pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorize any form of civil conscription), benefits to students and family allowances". The same powers are exercised concurrently by the States.

Conclusion

To some, in 1955, the fabric of Australian social security appears to be fairly complete, to others unmet needs are evident and there still seems room for development. Whatever the correct evaluation may be the Australian Government and people will continue to be alive to the need for the re-examination of their scheme of social security benefits in the light of changing needs and problems.